

### Gastric stimulation

We provide coverage for this procedure for adult members who meet medical necessity criteria. Submit authorization requests through the e-referral system.

The submitter will receive a prompt to complete a questionnaire to determine the appropriateness of the requested service. The questions are listed below.

If all questions are answered, e-referral will either approve or pend the case. If the case pends and we cannot authorize it, we will contact the provider for additional clinical information. Authorization is not a guarantee of payment.

Payment is based on established claim edits. We may retrospectively monitor compliance with authorization requirements.

Applicable procedure codes: \*43647, \*43648, \*43881, \*43882, \*64590, \*64595, \*95980, \*95981, \*95982

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See below for the questions you'll encounter in the e-referral system.

Q Is this gastric pacing request to treat obesity?

A

Possible answers:  Yes  No  N/A

Q Is this gastric electrical stimulation request for the INITIAL treatment of gastroparesis?

A

Possible answers:  Yes  No  N/A

Q Is this a request for the Enterra Gastric Neurostimulator system by Medtronic to treat gastroparesis?

A

Possible answers:  Yes  No  N/A

Q Is the patient's gastroparesis of diabetic or idiopathic (unknown) etiology?

A

Possible answers:  Yes  No  N/A

Q Does the patient have intractable nausea and vomiting due to gastroparesis?

A

Possible answers:  Yes  No  N/A

Q Does the patient have continued symptoms or findings that are refractory to medical management with ONE of the following (A-C)? A. Dietary modifications (for example, eating frequent, smaller sized meals; replacing solid foods with liquid nutritional supplements; adhering to a low fat, low fiber diet). B. Failing treatment with BOTH antiemetics (anti-nausea/vomiting) such as Zofran, Tigan or Compazine, AND prokinetics (anti-reflux) such as metoclopramide or erythromycin. C. Medical management is contraindicated.

A

Possible answers:  Yes  No  N/A